

EDUCATION

High School Graduate? Y N Name and location of high school _____

GED Certificate Number _____ GED Issued By _____

Are you currently attending school? Y N If 'Y', at what level and what are you studying? _____

POST-HIGH SCHOOL EDUCATION		
School Name and Location	Major Area(s) of Study	Degree Completed Y/N and Type
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N

Subject of Training/Coursework	Number of Courses/Length of Training	Sponsoring Organization

EQUIPMENT USED

List tools, equipment, machines and software you can operate as well as special skills relevant to the position you are applying for

TOOLS, EQUIPMENT, MACHINES, SOFTWARE	DUTIES PERFORMED
Example: Hydraulic post puller/driver	Install posts, signs

SKILLS RELEVANT TO THE JOB	DUTIES PERFORMED
Example: Reading schematics	Repair motors and equipment

LICENSES, REGISTRATION, AND CERTIFICATES

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE #	EXPIRES

WORK EXPERIENCE / EMPLOYMENT HISTORY

List all employment for the last ten (10) years - last position or current employer first. Include U.S. military service, if applicable and account for all time. Attach additional pages if needed or resume, if desired. Please note that a resume will not be accepted in lieu of completing this section of the application.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Duties:		
Reason for Leaving:		

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Dates Employed From: To:	Positions Held:	Supervisor:
Duties:		
Reason for Leaving:		

May we contact your present employer for a reference?

Y N

OTHER

If you are applying for a position that requires a standard driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

Do you have a valid standard Ohio driver's license? Y N valid Ohio commercial driver's license? Y N

Do you currently or have you, in the last three years, had a driver's license from another state? Y N

Has your driver's license been suspended or revoked within the last three (3) years? Y N

Have you had any traffic violations or accidents in the past three (3) years? If 'Yes', please list: Y N

OFFENSE / ACCIDENT

APPROXIMATE DATE/YEAR

EMPLOYMENT REFERENCES

NAME AND TITLE	COMPANY	ADDRESS	TELEPHONE

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I give my permission for the Williams County Engineer's Office to contact former employers and/or schools attended in order to obtain information regarding my employment, education and performance. I give my permission for the employers and schools contacted by the Williams County Engineer's Office to provide information relative to my employment and/or education. I also give consent for the Williams County Engineer's Office to obtain a Driver Abstract Report from any state in which I've held a standard or commercial driver's license in the past three years if driving is an essential function of the position. I understand that I may be considered ineligible for employment if my driving record does not meet the standards of the Williams County Engineer's Office and/or its insurer. I am providing my Social Security Number and standard and/or commercial driver's license number(s) for this purpose.

Current Driver's License(s) # & State(s): _____

Current Commercial Driver's License(s) # & State(s): _____

If the Williams County Engineer's Office determines that a post-offer, pre-employment medical examination (which may include a drug/alcohol test) is appropriate to the position, I agree to submit to such examination. I understand that my employment is contingent upon physician verification of my ability to perform the work safely, with or without reasonable accommodation (in the event I have a qualifying disability). Further, I understand that my employment is contingent on passing the drug/alcohol test, if applicable.

Applicant Signature _____

Date _____

DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY

- Invited for interview Not invited for interview
- Accepted Does not meet the minimum qualifications of education, experience, licenses/certifications
- Declined Application was submitted after deadline / Application is incomplete
- Information could not be verified / Other _____

Administrator, Manager, Supervisor _____